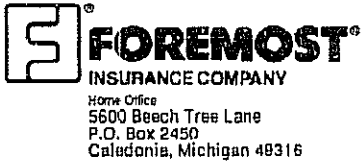


EXHIBIT “N”



**FOREMOST BASICS™
DECLARATIONS PAGE**

POLICY NUMBER: 381-0066143572-02
RENEWAL OF: 381-0066143572-01
POLICY PERIOD BEGINNING 06/22/06 **ENDING** 06/22/07 12:01 A.M. STANDARD TIME

YOU AS NAMED INSURED AND YOUR ADDRESS

SAADE MOSLEM
2276 NEWYORK STATE ROUTE 302
MIDDLETOWN NY 10940

YOUR POLICY IS SERVICED BY

CATHERINE MACRI
INSURANCE INTERMEDIARIES INC
593 ROUTE 211 E
MIDDLETOWN NY 10941-1715

AGENCY CODE:
319900436

TELEPHONE:
(845) 692-2277

COVERAGES: Coverage is provided only where an Amount of Insurance or a Limit of Liability is shown and a premium is stated for the Peril Insured Against. Detailed descriptions and any limitations will be found in your policy.

LOCATION # 1

IMPORTANT RATING INFORMATION

PREMISES	2276 NEWYORK STATE ROUTE 302		
DESCRIPTION:	MIDDLETOWN NY 10940		
CONSTRUCTION:	FRAME	TERRITORY:	A
FAMILIES:	1	PROT. CLASS:	4
OCCUPANCY:	PRIMARY	RESP. FIRE DEPT.:	
HYDRANT:	WITHIN 1,000 FEET	COUNTY:	ORANGE
FIRE DEPT.:	WITHIN 5 MILES		
		YR. BUILT:	1950
		FORM:	BA3

MORTGAGEE #1

LOAN NO.: 100006210
COUNTRYWIDE MORTGAGE VENTURE
DB HUDSON HOME LOANS ISAOA
MSNSV22 PO BOX 10212
VAN NUYS CA 91410-0212

MORTGAGEE #2

LOAN NO.: 100006218
COUNTRYWIDE MORTGAGE VENTURE
DB HUDSON HOME LOANS ISAOA
MSNSV22 PO BO 10212
VAN NUYS CA 91410

SECTION I COVERAGES	AMOUNT OF INSURANCE	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
A. DWELLING	\$ 244,400		\$ 1,134.00
C. PERSONAL PROPERTY	\$ 117,500		\$ 558.00
D. ADDITIONAL LIVING EXPENSE (MAXIMUM 25% PER MONTH)	\$ 23,500		\$ 118.00

SECTION I LOSSES ARE SUBJECT TO A DEDUCTIBLE OF: \$1,000 ALL PERILS

SECTION II COVERAGES	LIMIT OF LIABILITY	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
L. COMP PERSONAL LIABILITY	\$ 300,000 EA ACCIDENT		\$ 70.00
M. MEDICAL PAYMENTS	\$ 1,000 EA PERSON		\$ 5.00

FORMS/ENDORSEMENTS THAT APPLY TO LOCATION # 1	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
20002 01/93 BASICS SPECIAL COVERAGE GRANT		
20007 10/93 REDUCTION IN COV WHEN VACANT/UNOCC.		
20018 00/00 BASICS DWELLING POLICY		
10053 04/02 AMENDMENT - NEW YORK		
10084 03/99 COMPREHENSIVE PERSONAL LIABILITY		
20006 01/93 BROAD THEFT COVERAGE	\$	60.00
20050 09/95 REPLACEMENT COST/INFLATION GUARD	\$	10.00
3491 09/99 WORKERS' COMPENSATION - NEW YORK		

DISCOUNTS/SURCHARGES THAT APPLY TO LOCATION # 1	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
OWNER OCCUPIED DISCOUNT	\$	-85.00
LOCATION # 1 Annual Premium	\$	1,870.00
TOTAL ANNUAL POLICY PREMIUM	\$	1,870.00

MINIMUM EARNED PREMIUM \$100

THIS DECLARATIONS PAGE WITH YOUR FOREMOST POLICY PROVISIONS AND ANY ENDORSEMENTS ISSUED TO FORM A PART THEREOF COMPLETES THE ABOVE NUMBERED POLICY.

Processed: August 31, 2007

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**FOREMOST[®]**
INSURANCE COMPANYHome Office
5600 Beech Tree Lane
P.O. Box 2450
Caledonia, Michigan 49316**FOREMOST BASICS[™]**
DECLARATIONS PAGE

POLICY NUMBER: 381-0066143572-02

RENEWAL OF: 381-0066143572-01

POLICY PERIOD BEGINNING 06/22/06 ENDING 06/22/07 12:01 A.M. STANDARD TIME

YOU /S NAMED INSURED AND YOUR ADDRESSSAADE MOSLEM
2276 NEWYORK STATE ROUTE 302
MIDDLETOWN NY 10940**YOUR POLICY IS SERVICED BY**CATHERINE MACRI
INSURANCE INTERMEDIARIES INC
117 ACADEMY AVE
MIDDLETOWN NY 10940-5211AGENCY CODE:
319900436TELEPHONE:
(845) 344-3373

COVERAGES: Coverage is provided only where an Amount of Insurance or a Limit of Liability is shown premium is stated for the Peril Insured Against. Detailed descriptions and any limitations will be found in policy.

LOCATION # 1**IMPORTANT RATING INFORMATION**PREMISES 2276 NEWYORK STATE ROUTE 302
DESCRIPTION: MIDDLETOWN NY 10940CONSTRUCTION: FRAME
FAMILIES: 1
OCCUPANCY: PRIMARY
HYDRANT: WITHIN 1,000 FEET
FIRE DEPT.: WITHIN 5 MILESTERRITORY: A
PROT. CLASS: 4
RESP. FIRE DEPT.:
COUNTY: ORANGEYR. BUILT:
FORM:**MORTGAGEE #1**LOAN NO.: 100006210
COUNTRYWIDE MORTGAGE VENTURE
DB HUDSON HOME LOANS ISAOA
MSNSV22 PO BOX 10212
VAN NUYS CA 91410-0212**MORTGAGEE #2**LOAN NO.: 100006218
COUNTRYWIDE MORTGAGE VENTURE
DB HUDSON HOME LOANS ISAOA
MSNSV22 PO BO 10212
VAN NUYS CA 91410**SECTION I COVERAGES****AMOUNT OF INSURANCE****ADD'L/RETURN
PREMIUM****ANNUAL
PREMIUM**

A. DWELLING	\$ 244,400	\$	1
C. PERSONAL PROPERTY	\$ 117,500	\$	
D. ADDITIONAL LIVING EXPENSE (MAXIMUM 25% PER MONTH)	\$ 23,500	\$	

SECTION I LOSSES ARE SUBJECT TO A DEDUCTIBLE OF: \$1,000 ALL PERILS

SECTION II COVERAGES		AMOUNT OF INSURANCE	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
L.	COMP PERSONAL LIABILITY	\$ 300,000 EA ACCIDENT		\$
M.	MEDICAL PAYMENTS	\$ 1,000 EA PERSON		\$

FORMS/ENDORSEMENTS THAT APPLY TO LOCATION # 1			ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
20002	01/93	BASICS SPECIAL COVERAGE GRANT		
20007	10/93	REDUCTION IN COV WHEN VACANT/UNOCC.		
20018	00/00	BASICS DWELLING POLICY		
10053	04/02	AMENDMENT - NEW YORK		
10084	03/99	COMPREHENSIVE PERSONAL LIABILITY		
20006	01/93	BROAD THEFT COVERAGE		\$
20050	09/95	REPLACEMENT COST/INFLATION GUARD		\$
3491	09/99	WORKERS' COMPENSATION - NEW YORK		

DISCOUNTS/SURCHARGES THAT APPLY TO LOCATION # 1		ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
OWNER OCCUPIED DISCOUNT			\$

LOCATION # 1 Annual Premium \$ 1

TOTAL ANNUAL POLICY PREMIUM \$ 1

MINIMUM EARNED PREMIUM \$100

THIS DECLARATIONS PAGE WITH YOUR FOREMOST POLICY PROVISIONS AND ANY ENDORSEMENTS ISSUED FORM A PART THEREOF COMPLETES THE ABOVE NUMBERED POLICY.

Processed: April 24, 2006

COPY

Item Type - Policy

Policy/Tran Number : 0066143572
Product code : 381
Document description : RENEWAL
Document type : POLICY WITH BILL
Insured Name : MOSLEM, SAADE
Recipient : AGENT
Producer Code : 319900436
Date time stamp : 2006-04-24 21:41
Routing code : E